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BRUNET

A SURVEY OF THE FACILITIES PROVIDED IN
SYRACUSE, N.Y. FOR THE PREVENTION AND
TREATMENT OF GONORRHEA AND SYPHILIS.

SYRACUSE

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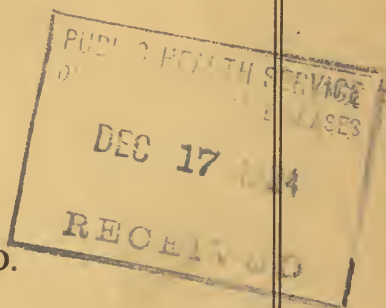
A SURVEY

OF THE

FACILITIES PROVIDED IN SYRACUSE, N. Y.
FOR THE PREVENTION AND TREATMENT
OF GONORRHEA AND SYPHILIS. (*Incomplete*)



1923



By

Walter M. Brunet, M. D.

Mary A. Clark, M. A.

Haven Emerson, M. D., *Consultant*

Published by

Department of Health of Syracuse, N. Y.

Cooperating in the Syracuse Health Demonstration

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A SURVEY

of the facilities provided by Syracuse, New York, for the Prevention and Treatment of Syphilis and Gonorrhea. Report made through the State Committee on Tuberculosis and Public Health of the State Charities Aid Association of New York to the Health Agencies participating in the Syracuse Health Demonstration of the Milbank Memorial Fund.



By

WALTER M. BRUNET, M. D.

MARY A. CLARK, M. A.

HAVEN EMERSON, M. D., *Consultant*

INTRODUCTORY STATEMENT

At the request of the Milbank Foundation and with the consent and approval of the Commissioner of Health of Syracuse, Dr. Thomas P. Farmer, the American Social Hygiene Association was invited to make a study of the facilities in Syracuse for the diagnosis, treatment and public health control of gonococcal and spirochetal infections, prepare a detailed report and make recommendations. Dr. Walter M. Brunet, Director of the Department of Medical Measures of the American Social Hygiene Association, made the field study; Miss Mary A. Clark, Statistician of the American Social Hygiene Association, prepared the report of the results of the inquiry to the physicians; Dr. Haven Emerson, Professor of Public Health Administration, Columbia University, acted as consultant.

The data contained in the report are based upon a number of personal interviews, visits to hospitals, clinics, the Medical College, the Syracuse Free Dispensary, the Department of Charities of the city, the Visiting Nurse Association, and other organizations whose activities touch upon the field of the control of the venereal diseases. It is also based upon the results of a questionnaire addressed to the physicians of Syracuse.

This study deals with the actual disease program at the present time. The facts as found are stated. Recommendations for their improvement are offered.

Every facility was cheerfully offered to the field worker. It would have been impossible to secure the necessary information on which this report is based had not thorough and systematic cooperation been secured from those interested in this subject in Syracuse. Acknowledgment is hereby made of the cordial assistance which was given the investigators.

G-461/60

GENERAL FACTS ABOUT SYRACUSE

Location

Syracuse is the county seat of Onondaga County. It is situated at the southern end of Onondaga Lake. The city is served by the New York Central and Hudson River, the West Shore, and the Delaware, Lackawanna and Western Railways; by the Erie Canal and the Oswego Canal which joins the Erie within the city limits. Syracuse is 418 feet above sea level. It is set in an amphitheater of hills surrounding Onondaga Lake.

Area Covered and Population

Syracuse occupies an area of $18\frac{1}{2}$ square miles or 12,349 acres. It has an estimated population for 1923 of 190,000. These figures give an average population of 10,000 to the square mile or 14 persons to an acre. Of the 190,000 population about 25,000 are foreign born (including 8,000 Germans, 6,000 Irish, 2,500 English-Canadians, 2,500 English and 2,000 Negroes).

Industries

Syracuse has a number of large industrial establishments which employ thousands of workers. A survey of industrial conditions was being carried on simultaneously with this one by Dr. Wade Wright. To avoid duplication no further consideration to this element in the city will be made in the present report.

The Form of Government

The city is governed by a mayor and 19 councilmen. One member of the council is elected from each of the wards in the city. A councilman serves four years.

Organization of the Department of Health

The Department of Health is administered by an executive officer who is appointed by the mayor to serve four years. He is termed the Commissioner of Health. There is no Board of Health but five physicians are selected from a list of names submitted by the Syracuse Academy of Medicine, and appointed by the mayor to serve as a health advisory council.

Budget of Department of Health

The total estimated expenditures for the Department of Health for the year 1923 were \$163,199.75. The per capita expenditures for health were 81 cents. In the report of the Committee on Municipal Health Department Practice of the American Public Health Association, Syracuse was thirteenth on the list of the total group of 81 cities studied in per capita expenditures for health service in 1920.

BUREAU OF VENEREAL DISEASE OF THE DEPARTMENT OF HEALTH

Syracuse lacks a carefully planned and well coordinated program for the control and reduction of gonococcal and spirochetal infections. The Bureau of Venereal Disease of the Department of Health is in substance only a paper organization as there is neither director nor staff concerned wholly with the control of these diseases.

The amount appropriated for this Bureau in 1923 was \$8,512.50. It is divided as follows:

Personal Service	
Nurse	\$1,200.00
Laborer	900.00
Housekeeper	547.50
Social Worker (female) Free Dispensary	900.00
Assistant Physician in Dermatology.....	720.00
Two Physicians at \$600 each, Free Dispensary.....	1,200.00
Nurse	100.00
Communication Service	
Telephone	60.00
Postage	5.00
Contractual Service	
Repairs to Buildings	100.00
Supplies	
Provisions	1,000.00
Fuel	250.00
Medical and General Supplies	400.00
Purchase of Equipment	
Furniture and Fittings.....	50.00
(Fixed Charges)	
Rent	1,080.00
Total, Bureau of Venereal Disease.....	<u>\$8,512.50</u>

Of this amount \$6,292 is expended for the activities of the Venereal Disease Hospital on Noxon Street. The remaining \$2,220 is used to pay for the services of two physicians in the Syracuse Free Dispensary and a social worker.

The sum of \$8,512.50, however, does not represent the entire amount which is chargeable to the control of venereal diseases. There is an item of \$900 for the services of a serologist employed in the Bureau of Labora-

tories of the Department of Health. This appropriation is made for the technician who performs the Wassermann blood examinations. Also under the appropriations made to the Bureau of Health Supervision upwards of \$3,000 is expended chiefly for the upkeep and operation of the night sessions of the syphilis and genito-urinary clinics which are held in the Free Dispensary.

From these statements it can be seen that the City of Syracuse is expending upwards of \$13,000 per annum in the treatment of persons infected with venereal diseases. This amount represents a per capita expenditure of 7 cents or 12.5 per cent of the total budget for the Department of Health. The average per capita expenditure by municipal Health Departments in 1921 for venereal disease control in 38 cities from which exact information was obtained, was 2 1/10 cents.

SYRACUSE FREE DISPENSARY

Organization

The Syracuse Free Dispensary is the only organized outpatient department in the city receiving all sorts of cases and holding general and specialized clinic sessions. The Dispensary has been in existence thirty years and carries the entire burden of the city for the free treatment of the sick poor who are able to visit a dispensary. The organization and operation of the Free Dispensary is a tri-partite affair; each party interested acts independently in its own sphere and the activities have thus far not encountered any serious conflicts. This, however, is not due to any well conceived or practical working plan, but rather to a policy of non-interference, one with the other. The University provides the building, nominally appoints physicians to the staff, and contributes \$2,000 per annum towards its upkeep. Of the \$2,000 contributed by the University, a portion is used to pay a salary to the registrar and the balance for other operating expenses. The City of Syracuse provides a fund which is used to pay salaries to the registrar, three part-time physicians, a matron, a nurse, a social worker and a secretary. The trustees of the Free Dispensary receive from the Community Chest \$5,078.36 on the basis of a submitted budget. The County of Onondaga contributes \$2,500 per annum towards the operation of the Dispensary. The management of the Dispensary is under the direction of a Dispensary Committee. This committee appoints the registrar and presumably dictates the policies. The direction of the administrative details is in the hands of the registrar who is the administrative officer of the Dispensary Committee. He employs the necessary clerical assistance, the nurses, pharmacist, social workers and others. The registrar receives a salary from the Dispensary Committee, from the college and from the city under the appropriation made to the Bureau of Health Supervision, and from the funds contributed by the county.

Finances

In brief then, the Syracuse University furnishes the building, supplies the medical staff, and contributes \$2,000 toward its support. The city through the various divisions of the Department of Health, supplies the greater proportion of the money for its support (\$17,000), one-third of which is appropriated for venereal disease activities. The County of Onondaga contributes \$2,500 and the Dispensary Committee directs the work and secures upon application and submission of a budget the sum of \$5,078.36 from the Community Chest for this work.

Location and Quarters

The Syracuse Free Dispensary occupies the building at 610 East Fayette Street. The structure was erected as a dispensary building and is a semi-modern three-story, fireproof structure without elevator service. The first two floors are given over to the activities of the Dispensary proper, and the third floor is used as laboratories for teaching purposes.

Clinics

The sessions of the clinic for the treatment of diseases of the skin and syphilis are held three afternoons and one evening each week. This service is under the direction of the associate professor in the corresponding department of the Medical College. There is one assistant physician who is also a member of the staff of this division in the college. One nurse is assigned to this clinic. She also assists in the weekly session of the night clinic. In addition to the director, his assistant and the nurse, there is a section from the senior class in the Medical College assigned to this clinic for practical instruction.

The venereal disease clinics are ideally situated from the point of view of their being a part of a general dispensary. There is every advantage for consultation service with the other departments and privacy during the conduction of other activities at the same hour. The space set aside for this clinic is on the second floor and is sufficient at this time to handle the volume of work. The waiting space for patients is a portion of the general waiting space and is opposite the treatment room. Comfortable benches are provided for those awaiting treatment. There is no separation of the races or sexes. This is particularly noticeable and objectionable at the sessions of the night clinic.

The space for the clinic proper consists of one large room with three desks, six chairs and several benches. One desk is provided for the physician in charge, one for the social worker and one for the taking of specimens of blood for the Wassermann test. There are cubicles on each side of the receiving room for the examination and treatment of patients. The equipment is poor.

Admission Routine

The routine followed is stated briefly. The patient enters the Dispensary, applies to the admission desk where perfunctory questions are

asked; a small admission fee is collected if the patient is able to pay it; a card and a history sheet are made out if patient is new; if a former patient, the card and the history sheet are removed from the files in the admitting office. He is then directed to go up the stairs to the space provided for those awaiting treatment. The records are taken from the admitting office by an orderly or a nurse; placed on the physician's desk, and the patient called into the room by name or number by the physician or the nurse, or both.

The history of the patient is taken by the physician in charge of the clinic. It consists mainly of the high lights in the present illness. Following the recording of the history, the patient is directed to go into one of the cubicles on either side of the room for examination or treatment. The physician follows the patient and requests him to remove the necessary amount of clothing. Few complete physical examinations are made. The records of physical findings are brief. The physician in charge of the clinic records all of the data concerned with the history of the patient, physical examination and treatment. The records are of little or no value, and the information which could be compiled from a study of them would not compensate for the time put upon them. The attitude toward the patient is considerate, and the treatment of the disease is apparently good.

Participation of Medical Students

No definite tasks are given to students assigned to this clinic. While the observer was present the students were engaged in studying a lesson for a quiz. The presence of the students was neither ignored nor recognized by the physician in charge. The attitude seemed to be one of indifference. Only one student took the trouble to walk across the room to see a patient with an initial lesion who was being examined. One of the students took several specimens of blood for Wassermann examinations.

Clinic Attendance and Follow-up

The attendance at the clinic is fair,—the average number of patients being ten per clinic session. There is no real attempt made to follow-up delinquent patients and have them return for treatment. A number of patients in a highly infectious state make only one visit and are never seen again. Several attempts have been made to carry out a social service follow-up program but without success, as it has been well nigh impossible to secure the proper person to carry on this activity. The percentage of patients discontinuing treatment without consent will reach upwards of 25 per cent of those attending the clinic.

Securing of Economic Data Insufficient

The few questions asked at the admitting desk regarding the economic status of those seeking treatment, are neither sufficient in detail nor carefully enough propounded to obtain sufficient information to determine whether the patients are entitled to free treatment or advice. When cases are denied admission to the Dispensary it is generally through appear-

ance rather than thorough questioning as to financial condition. Occasionally a case is referred to the Department of Charities for investigation. In any event, the present methods of admitting patients who apply for treatment without an adequate economic history being taken and followed up if necessary, are contrary to the best dispensary practice and results in many complaints from physicians.

Records of Patients Refused Treatment

There are no records available which will furnish information regarding the number of patients refused treatment at the Dispensary or denied hospital care, or the cause for the refusal. When a patient is not accepted for treatment in the Dispensary he receives a slip which is made out by the registrar containing his name, address and other social data. The patient is then sent to the Department of Charities for investigation. If, after investigation the treatment requested is refused, the slip is returned to the applicant. If treatment is provided, notice is sent to the hospital if the case demands it, or to the Dispensary. The note is an order to admit the patient.

Night Clinic for Patients with Syphilis

The night clinic for patients suffering from syphilis is under the same direction as the one held during the day. The admitting system is the same but different treatment quarters are provided for the evening clinic. In this clinic there is practically no privacy offered and the mingling of the races and the sexes, both in the treatment room and while awaiting treatment, is against all recognized clinic practice and is undesirable. The equipment is meager, and the records are of the same type and character as used in the day clinic. No social service follow-up is being carried out. No medical students are assigned to attend this clinic.

Clinics for Treatment of Patients with Gonococcal Infections

There are two clinics for the treatment of gonorrhea in the male. One is under the direction of the chief of the Urological Department in the Medical School. Three clinic sessions are held during the week in the afternoon. The other clinic is supervised by a physician appointed by the city. This clinic has only one session,—in the evening at the same hour as the syphilis clinic. The physician directing the evening genito-urinary clinic is also the attending physician for patients quarantined in the Venereal Disease Hospital on Noxon Street. The afternoon genito-urinary clinic is conducted by the director and his assistant. It is held on the ground floor of the Dispensary building. Two connecting rooms have been provided for this purpose. The director of this clinic has been in charge for six months and no new plans or any reorganization have been put in operation up to date of writing.

Histories

The records are poor and of little permanent value. The equipment is conspicuous by its absence. The few instruments provided are obsolete

in character. There are no modern facilities for urethral or bladder irrigations when indicated and necessary. There is no provision or assignment for nursing or orderly assistance. The patients are not followed up in an endeavor to have them return for treatment when necessary. No records are available as to the number of patients who discharge themselves before they are non-communicable or cured. Many of them are in a communicable stage.

Participation of Medical Students

Students are assigned to this department for clinic instruction as in the syphilis clinic. Each student is assigned tasks by the director which consist of recording history of patient and examinations of urine. Collection of material for microscopic examination and other data regarding the patients are required on these records. The didactic work in the college and the practical work in the clinical branches are not correlated and consequently the value of the practical work in the clinic is lessened.

Night Clinic for Patients with Gonococcal Infection

The night clinic for the treatment of gonorrhea in the male is held once each week on Wednesday evening. At the same hour the syphilis clinic is operating. The rooms and the equipment provided for the day genito-urinary clinic are also used for this clinic. On the evening of my visit, the physician in charge saw and discharged eight patients in less than thirty minutes. This was the number reporting for treatment at this session. Not a single individual treatment was administered. The procedure consisted of a few perfunctory questions, and either further advice or a prescription was given. Few smears for microscopical examinations are taken. The records are valueless save for the small amount of social data which they contain. The physician directing this clinic has no assistant, nor is there any nursing service provided.

Number of Patients Treated in 1923

The total number of venereal disease patients given free treatment in 1923 was 1,274. Of this number 142 cases were reported from the Venereal Hospital and 1,132 from the Free Dispensary. This gives an average of 668 patients per 100,000 estimated population. The standard set by the American Public Health Association is based upon 500 treated cases for each 100,000 of the estimated population.

The following is a report of the Venereal Disease Clinic (Venereal Hospital, 116 Noxon St.) for the year ending December 31, 1922:

	Female	Male	Total
Syphilis cases remaining since 1921.....	2	....	2
Gonorrhea cases remaining from 1921.....	1	....	1
New cases admitted	74	42	116
Cases readmitted.....	23	....	23
Total cases, remaining since 1921, new, and readmitted	100	42	142
Syphilis cases new treated.....	11	2	13
Syphilis cases new referred to other clinics of physicians....	16	8	24
Cases new with gonorrhea and syphilis.....	3	3	6
Syphilis readmitted for examination referred.....	9	....	9
Syphilis readmitted treated.....	2	....	2
Cases admitted new suspicious of syphilis.....	3	....	3
Cases readmitted suspicious.....	1	....	1
Chancroid .....	....	1	1
Cases admitted new gonorrhea treated.....	11	....	11
Cases admitted new gonorrhea referred.....	5	10	15
Cases readmitted gonorrhea referred	3	....	3
Non-venereal treated.....	3	1	4
Cases examined found to be non-venereal.....	22	17	39
Cases readmitted for examination.....	8	....	8
Total cases, new and readmitted.....	97	42	139
Cases received from police.....	84	21	105
Cases voluntary.....	13	21	34
Total cases, new and readmitted.....	97	42	139
Total patients discharged and referred to other clinics or physicians	88*	42**	130
Patients remaining under treatment December 31, 1922....	9***	....	9
Total cases, new and readmitted.....	97	42	139
Patients under 21 years.....	51	21	72
Patients over 21 years.....	46	21	67
Total cases, new and readmitted.....	97	42	139
Patients married.....	23	12	35
Patients single.....	54	26	80
Patients married, separated.....	15	4	19
Patients widowed.....	5	....	5
Total cases, new and readmitted.....	97	42	139
Total treatments			139
Hospital days.....			1,458
Wassermann tests.....			140
Examinations for gonorrhea.....			119

* 11 syphilis cases were given course of treatment and referred; 3 gonorrhea cases were apparently cured.

**2 syphilis cases were given course of treatment and referred.

***6 patients were in detention and 3 were out-patients.

THE VENEREAL DISEASE HOSPITAL

History

The Venereal Disease Hospital on Noxon Street was opened in 1919 as a place for detention and quarantine of women. The majority of the women patients have fallen into the hands of the police for violation of the law. After being brought before the court, if their conduct has been such as to warrant observation and examination, they have a hearing and are sent to this institution for examination, isolation and treatment. A small number have been committed voluntarily by their parents or referred by other welfare organizations. A few have voluntarily returned to the institution for treatment and advice after their cases have been disposed of. These patients are called voluntary patients.

Number of Cases

The annual report for 1922 shows that of 139 cases received during the year, 97 were female and 42 male. The police were responsible for detaining 105 cases; 34 were classed as voluntary. Of the 97 females, 13 were voluntary; of the 42 males, 21 were voluntary. Of the total 139 cases, 22 were non-venereal. From the careful reading of this report, it will be found to be somewhat misleading, as it would seem to convey the idea that all of the cases, both men and women, were quarantined, while in fact only 34 were kept in this institution. All of them were women. It will be noticed that only three cases were dismissed as *apparently* cured. Whether those cases were male or female patients is not stated. Only 13 patients with syphilis received any treatment before being referred elsewhere; only 11 patients with gonorrhea were reported as receiving treatment before being referred to some other place for treatment.

There has been an effort here to have patients who have been discharged from the custody of the police return to the hospital for treatment. This appears to be an attempt to establish an outpatient service,—a function which is wholly unnecessary,—a duplication of the services provided at the Free Dispensary, and a distinct misuse of the facilities provided for quarantine purposes.

Location and Description

The Venereal Hospital occupies a brick building which was formerly a private dwelling. The immediate surroundings are depressing, and the neighborhood generally decadent. On the first floor of the building is the office of the physician and the reception room; the quarters of the nurse-in-charge, which consist of a large room, a dining room and kitchen. The

second floor is used as a dormitory. It consists of two rooms, a large well-equipped treatment room, bathroom, and one small room which is used for isolation of inter-current illness. The beds and rooms are neat and clean and the atmosphere good. On the day of my visit there were two patients who were sitting in idleness. The facilities for treating patients are good, the treatment room is light and clean, and the equipment excellent. The building is well kept. All of the cases committed to this hospital are sent from the courts with an order for their examination and confinement.

City of Syracuse, County of Onondaga, ss.

To the Keeper of the Venereal Hospital of said County—Greeting:

Receive into your custody, and safely keep for further examination.....

who is charged with

Given under my hand, this.....day of.....192...

.....Justice of Special Sessions

(On the reverse side)

COURT OF SPECIAL SESSIONS

City of Syracuse

The People

against

.....
Commitment for Examination

The hospital has none of the appearance of a prison, nor are there any precautions taken to prevent escape of the women confined. Several patients have gained their freedom by raising a window on the second floor and letting themselves down dropping to the ground, a distance of about ten feet. The hospital is under the superintendency of a registered nurse. The services of a cook and a janitor are provided. The physician-in-charge directs the treatment of the cases and visits the hospital daily. The routine treatments such as douches, tamponade, etc., are carried out by the nurses, the physician administering the salvarsan and other specialized treatments.

Histories

The records of the cases are meager. No reliable opinion based upon them can be passed upon the type or quality of the treatment given. The young women confined to this hospital are awaiting decision by the court. No real constructive or rehabilitative activities are attempted.

BUREAU OF LABORATORIES OF THE DEPARTMENT OF HEALTH

Description and Volume of Work

This Bureau offers adequate facilities for all the necessary diagnostic examinations which might be required in a city of 200,000 inhabitants. The laboratory is located on the third floor of the City Hall and occupies three connecting rooms. All of the routine and many of the special laboratory tests for both the city and county are made here, the exception being dark field examinations and Wassermann blood tests, which are made in the laboratory of the Medical School located on the third floor of the Dispensary building. No complement deviation blood tests for gonococcal infections or colloidal gold tests on spinal fluid are performed. The laboratories are fairly well equipped, the work carefully supervised and performed and the results are universally satisfactory to the profession. A report of the number of examinations performed in this Bureau for the year 1923 shows 830 smears for gonococci; Wassermann tests 1,716; dark field examinations for spirochete 4. In this annual report it will be seen that the figures given for the number of blood Wassermann examinations which were made during the year are also in the annual report of the Syracuse Free Dispensary. This serological work is performed by a technician who is under the supervision of the city bacteriologist. The report properly belongs under the Bureau of Laboratories and not under the Syracuse Free Dispensary.

Child Hygiene

No study was made of the Bureau of Child Hygiene or of any of its clinics. When this study was in progress a survey of this Bureau was being made by Doctor Walter Brown.

Nursing Service of the Department of Health

The nursing service of the Department of Health was not carefully studied, as the relation of this service to the venereal disease program was nil, with the exception of assistance which one nurse gives in the operation of the prenatal clinic held under the auspices of the Junior League.

Visiting Nurse Association

The Visiting Nurse Association has been in operation about ten years. It has a board of directors composed of some twenty women. Besides the usual committees there is an Advisory Committee, composed

of prominent men to whom it can go for advice and decisions on various problems. There are no physicians on any of the committees of this organization, nor is there any connecting link between it and the medical profession. This organization is in close contact with the Department of Health of Syracuse and supplies nursing and follow-up services in the prenatal clinics, tuberculosis clinics, and in the clinics of the Bureau of Child Hygiene. There are no published fundamental rules governing the field work of the nurses. The services rendered at the present time by this Association include medical, surgical, obstetrical, tuberculosis, prenatal, and attendance at prenatal and other clinics. No communicable disease cases, including the venereal diseases, are accepted by this service.

HOSPITAL FACILITIES FOR THE CARE OF VENEREAL DISEASE PATIENTS

Hospitals

There are three hospitals in the city which are cooperating with the University in the training of medical students. They are the University Hospital (Hospital of the Good Shepherd), Syracuse Memorial, and St. Joseph's. These institutions will accept patients suffering with a venereal disease referred to them from the clinic.

In the University Hospital, where most of the male cases requiring hospital care are referred, sufficient beds are available to care for this class of patients. The male cases seen in the Dispensary that require cystoscopic or other special examination are referred to this institution for such procedure and for further study and observation. The patients who are referred to the hospital are admitted upon a written request of the registrar of the Free Dispensary. When such patients are admitted to the hospital, the Department of Charities is then notified. If, after an investigation, they are found to be entitled to hospital care, the hospital is given an order for the patients' admission and treatment. The city pays the hospital \$2 per diem for this service. The Department of Charities will accept the recommendation of the registrar of the Free Dispensary regarding the ability of patients to pay for hospital care and treatment. If the registrar is in doubt about an applicant's being entitled to this service, the latter is referred directly to the Department of Charities for investigation. No records were available in either the office of the Free Dispensary or that of the Department of Charities regarding the number of cases referred for investigation and treatment, or the number refused such services.

Histories

The record systems of the hospitals, save in one instance, the University Hospital, are not of the modern type, and it is impossible to secure data which would give the investigator the facts as to the number of patients admitted for venereal diseases within a given period. In the University Hospital a new filing system, a duplication of the plan used in

the Presbyterian Hospital of New York City, has recently been installed. In a short while, with additional clerical service, the files of this institution should be available for detailed studies and analyses of cases.

PRENATAL CLINICS

Remarks

In any carefully considered program for the control of gonococcal and spirochetal infections, the importance of preventing the transmission of syphilis to the unborn child is paramount. President Wilbur in his annual address to the American Medical Association, in San Francisco, June, 1923, said: "When we can keep the spirochetes of syphilis out of the body of every new-born babe, we shall have added enough to human life and happiness to heal the wounds of the Great War."

Location and Quarters of the Clinics

There are three prenatal clinics in operation in Syracuse proper and one in the village of Solvay. They are located in accessible portions of the city: Syracuse Memorial Hospital, West Genesee Street; Free Dispensary, 610 East Fayette Street, and the Junior League Clinic, 420 East Adams Street. These clinics are situated in selected localities; two of them are in the most congested districts. One clinic session is held in each center every week. The strictly medical activities are under the direction of the professor of obstetrics in the University. The quarters in three of the four clinics are good; in the fourth the location is not of the best, the quarters are dark, the equipment meager and the atmosphere depressing.

The clinics in the Memorial Hospital and the Free Dispensary are used for teaching purposes; sections from the senior class of the Medical School are assigned for instruction. In the Junior League Clinic no clinical instruction is given to students, as the director is under the impression that the presence of medical students would prevent patients from visiting this center, which is in an Italian district, and that the students would be a hindrance rather than a help to him.

Type of Examination

Complete physical examinations are not made in the case of every new patient in each of the clinics. In one a pelvimetry is the exception rather than the rule. Wassermann examinations of the blood are not made as a routine procedure and it is only when a suspicious history or a puzzling physical finding is discovered that the test is ordered. Frequent urine analysis and blood pressure estimations are made on each patient. The history forms are good but in many instances hastily and carelessly filled out and of little value from a research point of view.

Nursing Service

The nursing service and the follow-up facilities in all of the prenatal clinics are good. The nursing service in three of the clinics is supplied by the Visiting Nurse Association, and this service in one,—the Junior League Clinic,—is supplied by a nurse from the Department of Health.

The average number of patients visiting all of the clinics in the past six months is 72 per month. A monthly report of the activities in all of these clinics is submitted to the Department of Health each month.

Reports

The prenatal clinics come under the observation of the Department of Health through the submission of monthly reports. From these reports it appears that the clinics are operating according to the ideas of the several directors rather than through any method of centralized control or any attempt at standardization of methods and comparison of end results.

REPORTING OF VENEREAL DISEASE

There is no provision in the Sanitary Code of the City of Syracuse made for reporting the venereal diseases as permitted by state law. The cases classed as reported from Syracuse are those which are discovered when specimens are submitted to the laboratory for examination. Since the law was passed in New York State making venereal disease reportable by the submission of a specimen through the laboratory for examination after a diagnosis had been made, a great deal of discussion has taken place. In making these infections compulsorily reportable, one of the most important objectives is to give the community reasonable protection from the risk of contracting an infectious disease from a patient suffering from it. The demand for the reporting of gonococcal and spirochetal infections is not in itself an attempt to deal with immorality or the control of promiscuous intercourse, but rather to compel a person who contracts a venereal disease and refuses to conform to such measures as are laid down by the health authorities, to do so.

It has been contended that the reporting of venereal diseases constitutes a breach of confidence between doctor and patient. No one will question for a moment that professional confidence is one of the precious possessions of the medical profession and should be guarded well, but at the same time it should be recognized that there are occasions when the safety of healthy persons is of greater importance than the individual interest of infected persons. Such an occasion does not arise when a patient contracts a venereal disease and tries his best with the help of the doctor to get rid of it. But by the same token it is suggested that it does arise when a patient refuses all measures of protection to his fellows. From the physician's point of view there is no new principle at stake. For the past thirty years or more doctors have willingly cooperated in the attempt to control certain infectious diseases by notifying the authorities of the existence of such cases. No question of a breach of confidence has been or can reasonably be put forward regarding the reporting of smallpox, diphtheria and other such infections. Even the reporting of venereal diseases is not entirely new, for we have had ophthalmia neonatorum on the list of notifiable diseases for many years. We have at this time ample legal authority for compelling physicians to report their cases of gonococcal and spirochetal infections, and no arguments should be necessary to bring the medical fraternity to see its obligations in a true light.

There were reported by the physicians in Syracuse through specimens submitted to the laboratory :

January 1st to December 31st, 1923, 827 cases of syphilis; 371 of gonorrhea; a total of 1,198 cases.

Morbidity Rates (Per 100,000 Population)

434 for syphilis; 194 for gonorrhea; 628 for combined venereal diseases.

Clinic Cases

	Syphilis	Gonorrhea
Cases continuing treatment at beginning of year.....	157	47
Old cases readmitted during year.....	349	135
New cases	193	251
Total Cases	699	433

Proportion of 376 Physicians Registered Reporting

Number reporting syphilis only.....	153	
Number reporting gonorrhea only.....	23	
Number reporting both	54	
Number reporting either one or other.....	230	61%
Total number reporting syphilis	207	55%
Total number reporting gonorrhea	77	20%

A measure for the control of the venereal diseases has been adopted by some health departments for all persons whose occupations bring them into close contact with the public, such as food handlers, cooks, bakers, barbers, butchers, masseurs, waiters, waitresses, etc. In Syracuse no provision is made in the Sanitary Code for the examination of food handlers, and consequently there are no available figures regarding the number of such examinations made or the number of infections discovered.

The solution of the venereal disease problem is a difficult task, not only from the medical, but from the social and educational point of view. There is a growing body of public opinion interested in this problem, and it is believed that the struggle against these diseases must be faced, and that they can be overcome. No one solution is looked for, nor thought to be possible, but if the physicians are going to hasten the day when these diseases are held within narrow limits, they must give their loyal sympathetic support to the public health control of these infections, by reporting their cases.

VENERAL DISEASES IN PRIVATE PRACTICE

A REPORT OF AN INQUIRY ADDRESSED TO THE PHYSICIANS
OF SYRACUSE, NEW YORK

Methods of Inquiry

As a part of the venereal disease survey of Syracuse, an inquiry was addressed to all physicians in that city in regard to the number of cases of venereal diseases they had been treating in private practice during 1923. Included in the inquiry were a number of questions with reference to their experience in dealing with these cases and in securing cooperation from the health authorities of the city in matters which might properly be referred to them.

The inquiry was carried out by mailing to each physician a printed set of questions. Copies of the question blank and of the letter sent with the blank to explain the purpose of the inquiry are attached to this report. In order to provide for securing frank statements of opinions and criticisms, the physicians were asked to return the blanks without signing them. As they were returned without signatures, there was no possible way of knowing which of the physicians had filled in a blank. The question blanks were mailed early in November to the 376 physicians listed with Syracuse addresses in the 1923 Medical Directory of the American Medical Association.

Views of Physicians

In general, it would appear from their reports that these physicians are favorable to measures already undertaken for the control of venereal diseases in Syracuse. They are making extensive use of the laboratory facilities provided by the city and they have no difficulty in obtaining free treatment for cases unable to pay for private treatment. The fact that very few physicians have objections to reporting and that a considerable number of them accuse themselves of carelessness in not reporting their cases encourages the hope that, with some urging of the importance of reporting to the health authorities, adequate reporting may be secured in Syracuse. Most encouraging of all is the fact that these physicians have voiced no outstanding grievances. There seem to be no serious obstacles to overcome before putting into effect the suggested program for venereal disease control in Syracuse.

Who Replied

By January 1st, 116 of the blanks, or nearly a third of them had been filled in and returned. In addition, four blanks were returned, because the addressee was not found. Of the 116 physicians who returned filled-in blanks, 68 stated that they treat venereal diseases and 48, that they never treat them. Since most of the questions concerned actual experience in handling cases, summaries of the replies of the 68 who treat venereal diseases constitute this report.

Before considering the replies of the 68 physicians, it must be noted that they do not in any sense furnish a complete survey of the venereal situation as regards private patients in Syracuse. Dr. Joseph S. Lawrence, Director of the Bureau of Venereal Disease, New York State Department of Health, in a recently published paper¹ states that 287 physicians of Syracuse had cooperated during 1922, in venereal disease control with the State Department of Health by reporting venereal disease cases either directly or through the laboratories. Included in this group of 287 physicians were 183 who had dealt with active cases and 104 who had sent to the laboratories specimens which were not found positive. On the basis of a comparison of actual numbers, the group of 68 physicians replying to the present inquiry would constitute 24 per cent of the group Dr. Lawrence reported. However, there is no evidence to show that the group of 68 is a fair sample of the total group in respect either to number of cases

¹ The Attitude of the Medical Profession of the State of New York toward the Venereal Diseases. Joseph S. Lawrence and Russell B. Tewksbury. *New York State Journal of Medicine*, January, 1916.

treated or to attitudes toward measures for control. The very fact that these physicians cooperated in the inquiry may indicate a special interest in problems of venereal disease control. The summaries of replies are presented, therefore, as indicating the practice of a group of physicians sufficiently interested in problems of venereal disease control to cooperate in the inquiry, rather than as a complete description of the experiences and opinions of Syracuse physicians in general. It is further hoped that the report will bring to the attention of those physicians who have not yet returned filled-in blanks, the important information that might be secured through a complete response to the inquiry. If they will return the blanks, another more comprehensive report will be prepared.

Number of Cases Treated

The combined reports of the 68 physicians who treat venereal diseases, presented in Table 1, show that 1,963 cases had been handled by them from January 1 to October 1, 1923. Included in this group of 1,963 cases were 1,082 cases of gonorrhea, 602 of syphilis, 159 of vulvo-vaginitis, and 120 of chancroid. It is interesting to compare these figures showing the cases treated in private practice with statements as to the number of cases receiving free treatment during the same period. The following table, based on information furnished by Dr. Lawrence, shows the number and classification of cases treated in the Syracuse Free Dispensary from January 1 to October 1, 1923:

Classification	Syphilis	Gonorrhea
Cases at beginning of year.....	157	47
Old patients readmitted.....	265	118
Total new cases admitted.....	128	184
Total cases	550	349

In the practice of the 68 physicians, the ratio of gonorrhea cases to syphilis cases was not quite two to one. This is somewhat lower than the usual estimate that gonorrhea is from three to five times as prevalent as syphilis. It is interesting to compare this ratio with the summaries of case reports for New York State outside of New York City, according to which during the past three years the ratio of gonorrhea to syphilis has been about four to ten. The low ratio in the state reports may be attributed to the greater use of laboratories for the diagnosis of syphilis than of gonorrhea.

About three times as many men as women have sought treatment. The exact ratio of men to women cannot be determined because vulvo-vaginitis cases were not recorded according to age and it is known that many of those reported were children. There were only 36 children included among the patients reported in the questionnaire, 16 having gonorrhea and 20 congenital syphilis.

More than half of the syphilis cases were in the tertiary stage. There were only 133 cases of primary syphilis as compared with 110 of secondary syphilis and 313 of tertiary syphilis. These figures are in line with state-

ments by a number of competent observers that fewer new infections of syphilis are being seen. An interesting comparison could have been made if information had been secured from the Syracuse physicians in regard to the number of cases of the different stages of syphilis that they had treated in previous years.

Among the cases of primary syphilis, there were 108 cases in men and 25 cases in women. Less than 20 per cent of the cases were in women. Among secondary syphilis cases, also, about 20 per cent of the cases were in women. Among the cases of tertiary syphilis, on the other hand, 191 cases were in men and 122 in women. In this stage the proportion of cases in women was about 40 per cent, or twice the proportion reported in the other stages. Of the congenital syphilis cases 20, or less than half were of children.

The summaries presented in Tables 2 and 3 indicate that the venereal disease cases are not evenly distributed among the physicians. Only 14 of them treated 10 or more cases of gonorrhea and only 13 of them, as large groups of syphilis cases. In terms of percentages, 21 per cent of the physicians treated 84 per cent of the gonorrhea cases and 19 per cent of them treated 80 per cent of the syphilis cases. Twenty-four per cent of the physicians had treated no gonorrhea cases at all and 22 per cent no syphilis. Again, as regards the syphilis cases, 47 or 69 per cent of the physicians, had treated no cases at all of primary syphilis and only 14, or 21 per cent of them, reported congenital syphilis; while nearly half of the physicians had treated tertiary syphilis.

Non-Resident Patients

Of the 68 physicians who treat venereal diseases, 57 replied to this question. Thirty-five, or 61 per cent of those who replied, stated that they had treated no cases of non-residents. Of the remaining 22 physicians, only one had treated a considerable number of cases. He stated that he had treated over 400 patients from January 1 to October 1, and of these, 25 per cent were non-residents. The other reports either stated that very few cases from outside of the city were treated or the percentages given are to be applied to such small numbers of cases that the actual numbers treated are very small. It may be concluded that a very large proportion of the 1,963 cases are residents of Syracuse.

Use of Laboratories

Only one of the 68 physicians reported that he never uses laboratory tests. One other stated that he had not yet had occasion to send material to a laboratory. Five did not reply. The city laboratory was used by more physicians than any other laboratory. The number of physicians reporting that they had used each of the laboratories in 1923 is as follows:

Laboratory	Number of Physicians
City	52
State	40
Hospital	19
Commercial	4
Own	3

A few physicians reported the use of only one laboratory for all their tests, as follows :

Laboratory	Number of Physicians
City	12
State	3
Hospital	1
Commercial	1
Own	1

Fourteen had used the city, state and hospital laboratories. Twenty-one used both the city and the state laboratories.

It is evident from the figures presented above that the physicians of this group depend to a great extent on the city laboratory for doing their tests. The commercial laboratories have been little used. Four physicians who had treated very few cases in the year reported having sent material to them in 1923.

Reporting of Cases

The question regarding reporting was stated as follows: "Do you report all your cases to the health authorities? If not, what are your objections to the law?" Eleven physicians did not reply to this question. Of the 57 who did reply, 31, or 54 per cent of them, answered "Yes" and 26, or 46 per cent of them, answered "No." Of the 26 who answered "No," nine stated that they did not report directly because their cases were reported through the laboratories. Five more said they were merely careless about reporting and had no objections to doing so.

The remaining 12 gave the following objections: five, that patients object; one, not necessary to report tertiary syphilis; two, not necessary if patient is faithful; two, "none of state's business, a confidential matter between patient and doctor"; one, "one city directory enough"; one, "city does not want reports." It is interesting to find that no one mentioned the fact that there is no legal requirement for reporting, and also that in reply to the question regarding means used for bringing under treatment patients who have discontinued treatment, only three physicians said that they referred such cases to the Department of Health.

Securing Treatment for Patients Unable to Pay

The 68 physicians were practically unanimous in stating they have no difficulty in securing free treatment for such patients in dispensaries. Four stated they had had difficulty about hospital patients but indicated by their comments that they did not anticipate similar difficulty in the future.

Criticisms of Health Agencies

All but eight of the 68 physicians stated their opinions on this point. Fifty-two had no complaint and in many cases offered favorable comments. Eight had complaints to make and mentioned the following: two, that the public agencies take patients who can afford to pay; two, that they meddle with matters that only physicians have the proper knowledge to deal with; one objects to teachings about prophylaxis; one thinks hospital facilities should be increased; the remaining two did not state the complaint.

Opinions About the Prevalence of the Venereal Diseases

There is virtually no agreement among the 68 physicians in their replies to the question, "In your experience, are the venereal diseases on the increase or decrease in Syracuse? Give reasons for your answer." Twenty-two replied that they did not know. Fourteen more did not answer and it is possible that they, too, had been unable to form an opinion. Of the 32 who expressed an opinion, 7 thought the prevalence had not changed, 11 had observed an increase and 14 a decrease.

Of the 11 who replied that there was an increase, 2 gave no reasons for their answers. The reasons given by the remaining 9 were as follows: 2 physicians stated that there were more cases; 1 said more cases applied to clinics, 2 said there were more cases among little children, one of them stating that better diagnosis in pediatrics might account for this fact; 2 blamed bootlegging and the non-enforcement of prohibition; 1 blamed clandestine prostitution and 1, "the girl of today."

Only 10 of the 14 physicians who had observed a decrease gave reasons for their answers. Of these, 6 stated that they saw fewer cases themselves. Two physicians attributed the decrease to the closing of the houses of prostitution, one to the provision of free treatment facilities, and one to the general use of prophylaxis.

SYRACUSE FREE DISPENSARY

A. It is recommended that the reports of the activities of the Dispensary be simplified and made informative so that the number of new and old patients receiving treatment for venereal infections be shown rather than the total number of treatments administered.

B. It is recommended that the day and evening clinics in which gonococcal infections are treated be placed under the supervision of the director of the department in the Medical School.

C. It is recommended that the genito-urinary and syphilis clinics be thoroughly and modernly equipped. In the purchase of the necessary instruments and appliances the directors of the two departments should be consulted and given the opportunity of selecting the apparatus.

D. It is recommended that the history form used in the genito-urinary and syphilis clinics be carefully studied and revised to meet the present standard of clinic procedure. (Suggested forms for study are attached.)

E. It is recommended that the obsolete wooden files in the record room be replaced with modern steel units. While the scientific value of the present records is small, to lose them by fire or other preventable accident would be a serious matter.

F. It is recommended that two trained social workers, preferably graduate nurses, be employed to bring under treatment and keep under observation, those patients with a venereal disease, who voluntarily discharge themselves from the clinic while in a communicable stage, and to investigate and bring to the clinic for examination and treatment, if necessary, contacts who may be infected. (Suggestions for standard of medical case work attached.)

G. It is recommended that provision be made for the separation of the races and sexes in the present plan of providing waiting space and treatment room facilities in the night clinic. Separate treatment rooms should be provided and in this manner the separation will be a simple and practicable procedure.

H. It is recommended that suitable posters be placed on the walls of the general waiting room in close proximity to the designated clinics in order that the patients while awaiting treatment may secure additional information regarding all phases of health habits.

RECOMMENDATIONS

General

Inasmuch as this study is but a part of the preliminary inquiry necessary for the Health Demonstration program in the entire city, it is recognized that no plan for a special section of prevention should be considered by itself. At the risk of duplicating a proposal of venereal diseases which may be offered by other surveyors the following recommendation is made:

There should be formed in Syracuse a Public Health Committee which will include in its membership representatives of the professions dealing with the prevention and treatment of the sick, private and public agencies engaged in health protection, representatives of the Medical Department of the University of Syracuse, important labor groups, women's clubs, and such organizations of business men as the Rotary and Kiwanis Clubs, Chamber of Commerce, and others for the purpose of assisting the constituted authorities in promoting a comprehensive program of constructive health activities.

DEPARTMENT OF HEALTH

Organization

A. It is recommended that the Bureau of Communicable Disease in the Department of Health be reorganized with a full-time, trained physician in charge and such assistance as is necessary. Such an important position should carry with it a salary commensurate with the responsibilities.

B. It is recommended that the Bureau of Venereal Disease be included as a sub-division of the Bureau of Communicable Disease and that a part-time, trained physician with a suitable salary, be placed in charge of all of these activities in the city.

C. It is recommended that the Bureau of Venereal Disease prepare and carry out a program which will include in its activities educational measures, recreational measures, protective social measures, law enforcement measures and medical measures. In the preparation of any program, all of the coordinating agencies,—national, state, and city, both voluntary and official,—should be approached through the Public Health Committee of the Academy of Medicine and the plan of procedure so correlated that there will be no overlapping or just cause for criticism in the carrying on of the work.

D. It is recommended that an educational program be adopted which will include as an integral part of the activities of the Bureau of Venereal Disease the following:

1. Addresses to clubs, faculty groups, Y. M. C. A., Y. W. C. A., Boy Scouts, Girl Scouts, High Schools and other groups for the purpose of character building and to present the proper aspect of sex social questions.
2. Instruction of the public regarding health and hygiene; the prevalence of venereal diseases, method of spread, economic and social loss; the damage and effects upon posterity of the venereal diseases and the serious consequences to the individual. Such lectures can be illustrated with moving pictures, lantern slides and other visual aids.
3. Exhibitions of various kinds by the use of display cards and posters.
4. Distribution of pamphlets.
5. Circular letters sent periodically to physicians, dentists, nurses, and interested laymen.

Recreational Measures

Improvement and regulation of amusements, entertainment and recreational facilities through playgrounds, clubs, theaters, and literary, musical and athletic organizations, and stimulation of group activities.

Protective Social Measures

1. Safeguarding and bettering home surroundings and influences by measures tending to increase home comforts and attractions and better housing and living conditions.
2. The proper care of the feeble-minded.

Law Enforcement

1. Elimination of all environmental conditions favoring the dissemination of the venereal diseases by suppression of prostitution, prevention of solicitation and enforcement of prohibitory laws effective equally against both sexes. Provision and maintenance of facilities for diagnosis, treatment and control of infected persons. Discovery of infected individuals through laboratory aids to diagnosis, through the stimulation of better diagnostic service by dispensaries and hospitals, and through an examination made by the general medical profession in private, public and industrial practice.
2. Provision of treatment through the maintenance of dispensaries with adequate equipment and personnel to supplement the service afforded by the medical profession and the enforcement of legislation against treatment by unqualified persons.

3. Control of infected persons through thorough instruction regarding the venereal diseases by the physician responsible for the treatment of such patients, through the provision of hospital facilities, the quarantine of cases under certain circumstances and the enforcement of penalties for exposing others to infection.

Prenatal Clinics

1. It is recommended that the prenatal clinics receive more direct, thorough and active supervision from the Department of Health.

2. It is recommended that a single type of history form be adopted for all of the clinics so that studies of the end results in each center will be comparable.

3. It is recommended that the minimum requirement for examination shall include a complete physical examination, pelvimetry and a routine Wassermann on each new patient.

4. It is recommended that sections from the third and fourth year classes in the Medical College be assigned to the clinics and definite tasks outlined.

Ordinances

A. It is recommended that there be added to the Sanitary Code of the city a section requiring the reporting of venereal diseases by the physician who makes such a diagnosis. Reports can be required to be made by name or number. It would be wholly consistent to approach the physician through the Public Health Committee of the Academy of Medicine for suggestions and recommendations on this question.

B. It is recommended that there be added to the Sanitary Code of the city a provision regulating the employment of, and requiring a physical examination of such workers as food handlers, cooks, barbers, bakers, masseurs, butchers, waiters, waitresses, beauty parlor operators, and others.

INSTITUTIONS

A. It is recommended that the Venereal Hospital on Noxon Street be closed and the patients transferred to the unused building of the City Hospital.

B. It is recommended that in the plans for the construction of the new Communicable Disease Hospital, provision be made for both male and female patients having a venereal disease, who are committed by the courts.

C. It is recommended that the present system of providing services for the Free Dispensary in the budget of several bureaus of the Department of Health be changed. In studying the expenditures of the several bureaus of Department of Health it is impossible to get correct knowledge from the items given as to the cost of the various services provided.

REMARKS: In the proposals and discussion of the erection and staffing of the new hospital, the cooperation of the Medical Department of the

University should be sought with the idea in mind of having the college authorities responsible for the medical services and the municipality for the administration and upkeep. Such a plan would insure the best possible service to the patients, be an excellent center for the training of students and physicians, and be of immense educational value to the public.

Medical College

1. It is recommended that the Dean of the Medical College so correlate the didactic work of the curriculum in genito-urinary diseases and syphilis that the clinical practice in the Dispensary will coincide with the lectures.

2. It is recommended that the Dean of the Medical College hold the heads of the departments in the Medical School responsible for the conduct and operation of the genito-urinary and syphilis divisions in the Dispensary. Attendance upon the clinic by the head of each division in the College should be made obligatory. The attendance required might be only once a week, and then only for cases requiring consultation; but unless the chief of each department assumes responsibility and takes an active part in this important function in medical education and training, the value of such instruction will be lessened.

TABLE 3. TABLE SHOWING THE DISTRIBUTION OF CASES AMONG PHYSICIANS JANUARY 1 TO OCTOBER 1, 1923

NUMBER OF CASES TREATED	GONORRHEA				SYPHILIS			
	Physicians		Total Cases Treated		Physicians		Total Cases Treated	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
(1) 10 or more.....	(1) 14	(2) 20.6	(3) 905	(4) 83.7	(5) 13	(6) 19.1	(7) 481	(8) 79.9
(2) 4 to 9 inclusive	23	33.8	144	13.3	12	17.6	78	13.0
(3) 3	6	20.6	18	3.0	4	35.3	12	7.1
(4) 2	7		14		11		22	
(5) 1	1		1		9		9	
(6) No cases at all..	16	23.5	0	0	15	22.0	0	0
(7) Records not available	1	1.5	?	..	4	6.0	?	..
(8) Total group	68	100.0	1082	100.0	68	100.0	602	100.0

VENEREAL DISEASE SURVEY OF SYRACUSE

1. Questionnaire for Physicians

1. Do you treat patients with venereal diseases; gonorrhea, syphilis, chancroid, and vulvo-vaginitis?

2. How many cases have you treated from January 1st to October 1st, 1923, of each of the following:

		Male Adults	Female Adults	Children Under 16
A. Gonorrhea		.....	.....	.....
	1. Primary .....	.....	.....	.....
B. Syphilis	2. Secondary .....	.....	.....	.....
	3. Tertiary .....	.....	.....	.....
	4. Congenital .....	.....	.....	.....
C. Chancroid		.....	.....	.....
D. Vulvo-vaginitis		.....	.....	.....

3. What proportion of your venereal disease patients are non-residents?

4. In confirming your diagnosis do you make use of laboratory tests? Check in the following list the laboratories to which you have sent material for tests during 1923.

City Laboratory	State Laboratory	Hospital Laboratory
Commercial Laboratory		Others (specify)

5. Do you report all of your cases to the health authorities? If not, what are your objections to the law?

6. What proportion of your patients stay under your treatment until discharged as cured?

Male?

Female?

7 What methods do you use in bringing patients under treatment who have discontinued treatment:

A. While still on the communicable stage of the disease?

B. While still uncured?

8. In your experience are the venereal diseases on the increase or decrease in Syracuse? Give reasons for your answer.

9. If you do not treat venereal disease patients, what advice do you give those coming to you for treatment?

A. Do you refer them to a specialist?

10. Do you have any difficulty in obtaining hospital or dispensary care for patients with venereal disease who cannot afford to pay a reasonable fee to a physician for care at home or at his office?

11. Do you have any difficulty in obtaining hospital care for patients with venereal disease who can afford to pay?

12. Have you any complaint against public or private health agencies because of their activities in the field of venereal diseases?

13. Additional remarks. (Write on other side of this paper.)

November 1, 1923.

DEAR DOCTOR:

In conjunction with the tuberculosis and general health demonstration which is being carried on in Syracuse, a study of the venereal disease problem is to be made. This survey will include prevalence, treatment, facilities, reporting, social service follow-up and other public health measures.

To make this study of the greatest value, a direct and personal appeal is being made to each physician for his whole-hearted support and cooperation. Without certain information which only physicians can give, no worthwhile conclusions can be drawn as to the number of cases of gonococcal and spirochetal infections which are under treatment, and the number which need treatment.

The questionnaire method has been selected as the best and simplest means for obtaining this information so that time and effort will be conserved for the busy doctors and field workers. In the preparation of the inquiry we have endeavored to make it as brief and simple as possible. Every question is important and should be answered completely.

The information requested will be kept wholly confidential and, as will be noted, the form does not call for the signature of the physician reporting. A statistical summary only will be used in a publication of the results of this study.

Will you kindly let me have a prompt reply using the enclosed stamped envelope?

Very truly yours,

WALTER M. BRUNET, M.D.

References

Special documents which may be obtained on request through the Health Demonstration office were presented with the text of the report under the following headings:

Suggestions for Staff Organization of Venereal Disease Clinics.

Suggestions for History taking—Syphilis.

Suggestions for History taking—Gonorrhea.

Suggestions for making physical examination—Syphilis.

Suggestions for making physical examination—Gonorrhea.

Instructions for patients having syphilis.

Instructions for patients having gonorrhea.

Suggestions———Standard of medical case work.

Suggestions for careful follow-up by mail.

Suggestions for clinic organization and routing of traffic in a clinic. Chart supplies by Dispensary Development Committee of the Associated Out-Patient Clinics, New York City.



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